



BUSINESS LICENSE COMMISSION

COUNTY OF LOS ANGELES

374 KENNETH HAHN HALL OF ADMINISTRATION

500 WEST TEMPLE STREET

LOS ANGELES, CA 90012

(213) 974-7691

www.board.co.la.ca.us/blc



MEMBERS

STEVEN AFRIAT

PRESIDENT

RENÉE CAMPBELL

VICE-PRESIDENT

SARA VASQUEZ

SECRETARY

JAMES BARGER

COMMISSIONER

SHAN LEE

COMMISSIONER

April 23, 2014

Jason Kung
Edwards Theatre Inc.
Canyon Country Stadium 10
7132 Regal Lane
Knoxville, TN 37918

HEARING ON APPLICATION FOR GAME ARCADE/SC AND THEATER-GENERAL/SC BUSINESS LICENSE ID #136250

Dear Applicant:

The Business License Commission will hold a hearing on the above matter on **Wednesday, May 7, 2014 at 9:00 a.m.** in Room 374-A, 500 West Temple Street, Los Angeles, CA 90012. Your presence is requested at this hearing. If you are unable to attend you may authorize a representative to appear on your behalf. The representative must present signed and duly notarized letter giving authorization and the reasons you are unable to appear.

RIGHT TO REPRESENTATION / FOREIGN LANGUAGE SPEAKERS

You have the right to be represented at this hearing by an attorney or other individual of your choosing and at your own cost. In the absence of a representative, you must represent yourself and the hearing will proceed as scheduled.

If you require a translator, you must arrange at your own cost to have present at the hearing either **a professional/certified interpreter or other person who is fluent in both English and your native language.** If you are unable to locate an interpreter, please contact our office and you will be provided a list of interpreting services.

Parking is available at your cost; a map is enclosed for your convenience. **Please note proceedings begin promptly at 9:00 a.m. The Business License Commission reserves the right to reschedule your hearing to a later date for failure to timely appear.**

Sincerely,

STEVEN AFRIAT
President

Lupe Duron, Commission Staff

NOTICE TO PRINTER
STATE LAW REQUIRES THAT THIS
LEGAL ADVERTISEMENT SHALL BE SET
IN TYPE NOT SMALLER THAN NONPAREIL (6 PT.)

CUSTOMER CODE : Z 91085

NEWSPAPER :NEWHALL SIGNAL

PUBLISH 3 TIMES

1ST PUBLISHING DATE:04/10/2014
2ND PUBLISHING DATE:04/17/2014
3RD PUBLISHING DATE:04/24/2014

REPRINTS ORDERED: NONE

NOTICE OF HEARING TO CONDUCT

GAME ARCADE/SC / THEATER-GENERAL/SC

NOTICE IS HEREBY GIVEN THAT APPLICATION HAS BEEN
MADE TO THE LOS ANGELES COUNTY BUSINESS LICENSE
COMMISSION TO CONDUCT

ADVANCE PROOF REQUESTED

ADDRESS OF PREMISES:18800 SOLEDAD CYN RD
SANTA CLARITA, CA 91355
NAME OF APPLICANT: EDWARDS THEATRE, INC
CANYON COUNTRY STADIUM 10
DATE OF HEARING:05/07/2014
TIME OF HEARING: 09:00 A.M.

"ANY PERSON HAVING OBJECTIONS TO THE GRANTING OF
THE LICENSE MAY, AT ANY TIME PRIOR TO THE DATE ABOVE NAMED, FILE WITH THE BUSINESS
LICENSE COMMISSION HIS OBJECTIONS IN WRITING GIVING HIS REASONS THEREFOR, AND HE
MAY APPEAR AT THE TIME AND PLACE OF THE HEARING AND BE HEARD RELATIVE THERETO"

OFFICE OF THE COMMISSION:

BUSINESS LICENSE COMMISSION
500 W. TEMPLE STREET, RM 374
LOS ANGELES, CA 90012

RETURN TO:

LOS ANGELES COUNTY TAX COLLECTOR
BUSINESS LICENSE SECTION
225 N. HILL STREET RM. 109
LOS ANGELES, CA 90012



Los Angeles County Treasurer and Tax Collector
Application for Business License



Please note: Business License fees are NOT refundable

Fee: \$ _____

ID # 136250

BUSINESS INFORMATION

Type of Business: GAME ARCADE THEATRE / GENERAL	Address of Business: 18100 Soledad Canyon Rd. CA 91351 <i>Canyon Country</i>	
DBA (Business Name): Canyon Country Stadium 10	Business Telephone: 861-299-9385	
	Mailing Address: 7132 Royal Lane, Knoxville TN 37918	
Sellers Permit # (State Board of Equalization): # 97-933474		
Business Ownership Structure: Single Owner <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> If LLC or Corporation, the information below is required:		
Date of Incorporation: 4/18/2001	Incorporated in the State of: Delaware	
Exact Corporate Name: Royal Entertainment Group		
Names of Officers	Addresses	Titles
Amy Miles		President
Gregory Dunn		Vice-President
David Dwyer		Vice-President & Treasurer

APPLICANT INFORMATION

Applicant's Full Name: Jason Kung		
Home Address: _____		
Home Telephone: _____	Cell Phone: _____	Email address: _____
Social Security #: _____	Date of Birth: 1/1	Place of Birth: _____
Driver's License or State ID#: _____		Expiration Date: 1/1
Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>	Height: _____	Weight: _____
Hair Color: _____		Eye Color: _____

The information contained herein is true and correct to the best of my knowledge and belief. As a condition of the issuance of the license applied for, I agree to submit any additional information that may be required, to conduct all phases of this business license in accordance with regulations established for such business and to maintain all trucks and/or equipment that may be used in connection therewith in conformance with all applicable laws, ordinances and regulations.

Date: **9/9/13** Applicant's Signature: _____

Application taken by: **[Signature]** Date: **9-9-13**



**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90012



**BUSINESS LICENSE APPLICATION REFERRAL
SUMMARY SHEET**

KIND OF BUSINESS: **GAME ARCADE /SC**

ADDRESS OF BUSINESS: **18800 SOLEDAD CYN RD, SANTA CLARITA, CA 91355**

TELEPHONE:

OWNER OF BUSINESS: **EDWARDS THEATRE, INC.**

CAL. DR. LIC.# :

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: **CANYON COUNTRY STADIUM 10**

MAILING ADDRESS: **7132 REGAL LANE, KNOXVILLE, TN 37918**

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: **NEW LICENSE**

	<u>APPROVED</u>	<u>DATE</u>	<u>SIGNATURE</u>
<input type="checkbox"/> 1. Animal Care & Control			
<input type="checkbox"/> 2. Risk Management			
✓ <input checked="" type="checkbox"/> 3. Building & Safety	YES	06/24/09	dmiles
✓ <input checked="" type="checkbox"/> 4. Fire Department	YES	11/20/09	dmiles
<input type="checkbox"/> 5. Public Health			
✓ <input checked="" type="checkbox"/> 6. Treasurer & Tax Collector	YES	12/18/13	dmiles
<input checked="" type="checkbox"/> 7. Business License Commission			
<input type="checkbox"/> 8. Sheriff Department			
✓ <input checked="" type="checkbox"/> 9. Regional Planning Commission	YES	07/29/10	ewilliam
<input type="checkbox"/> 10. Weights and Measures			
✓ <input checked="" type="checkbox"/> 11. Publishing	YES	04/10/14	dmiles
<input type="checkbox"/> 12. Public Works - EPD			
✓ <input checked="" type="checkbox"/> 13. Sheriff Fingerprint	YES	01/03/14	tchen

Conditions:



**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90012



**BUSINESS LICENSE APPLICATION REFERRAL
SUMMARY SHEET**

KIND OF BUSINESS: **THEATER-GENERAL /SC**

ADDRESS OF BUSINESS: **18800 SOLEDAD CYN RD, SANTA CLARITA, CA 91355**

TELEPHONE:

OWNER OF BUSINESS: **EDWARDS THEATRE, INC.**

CAL. DR. LIC.# :

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: **CANYON COUNTRY STADIUM 10**

MAILING ADDRESS: **7132 REGAL LANE, KNOXVILLE, TN 37918**

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: **NEW LICENSE**

	<u>APPROVED</u>	<u>DATE</u>	<u>SIGNATURE</u>
<input type="checkbox"/> 1. Animal Care & Control			
<input type="checkbox"/> 2. Risk Management			
<input checked="" type="checkbox"/> 3. Building & Safety	YES	06/24/09	dmiles
<input checked="" type="checkbox"/> 4. Fire Department	YES	11/20/09	dmiles
<input checked="" type="checkbox"/> 5. Public Health	YES	06/24/09	dmiles
<input checked="" type="checkbox"/> 6. Treasurer & Tax Collector	YES	12/18/13	dmiles
<input checked="" type="checkbox"/> 7. Business License Commission			
<input type="checkbox"/> 8. Sheriff Department			
<input checked="" type="checkbox"/> 9. Regional Planning Commission	YES	07/29/10	ewilliam
<input type="checkbox"/> 10. Weights and Measures			
<input checked="" type="checkbox"/> 11. Publishing	YES	04/10/14	dmiles
<input type="checkbox"/> 12. Public Works - EPD			
<input checked="" type="checkbox"/> 13. Sheriff Fingerprint	YES	01/03/14	tchen

Conditions:

**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

**BUSINESS LICENSE
APPLICATION REFERRAL**KIND OF BUSINESS: ~~THEATER-GENERAL~~ /SCADDRESS OF BUSINESS: ~~18800~~ SOLEDAD CYN RD, SANTA CLARITA, CA 91355

TELEPHONE:

OWNER OF BUSINESS: ~~EDWARDS~~ THEATRE, INC.

CAL. DR. LIC.#:

NAME OF PERSON FINGERPRINTED: ~~JASON L.~~ KUNGFICTITIOUS NAME: ~~CANYON COUNTRY~~ STADIUM 10

MAILING ADDRESS: 7132 REGAL LANE, KNOXVILLE, TN 37918

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

SHERIFF FINGERPRINT

LA COUNTY

☒ APPROVAL☐ DENIAL

RECOMMENDATION: _____

APPROVED

SIGNATURE: _____

WP 53647

DATE: _____

12/31/13

BASIC LICENSE NO. 8373

DATE 12/18/13

IDENTIFICATION NUMBER 136250

12/30

Faxed TC 12/31

**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

**BUSINESS LICENSE
APPLICATION REFERRAL**

KIND OF BUSINESS: THEATER-GENERAL /SC

ADDRESS OF BUSINESS: 18800 SOLEDAD CYN RD, SANTA CLARITA, CA 91355

TELEPHONE:

OWNER OF BUSINESS: EDWARDS THEATRE, INC.

CAL. DR. LIC.#:

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: CANYON COUNTRY STADIUM 10

MAILING ADDRESS: 7132 REGAL LANE, KNOXVILLE, TN 37918

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

**REGIONAL PLANNING
SANTA CLARITA**

☒ APPROVAL

☐ DENIAL

RECOMMENDATION: _____

SIGNATURE: _____

DATE: _____

BASIC LICENSE NO. 8373

DATE 07/23/10

IDENTIFICATION NUMBER 136250



**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970



**BUSINESS LICENSE
APPLICATION REFERRAL**

KIND OF BUSINESS: **THEATER-GENERAL /SC**

ADDRESS OF BUSINESS: **18800 SOLEDAD CYN RD, SANTA CLARITA, CA 91355**

TELEPHONE:

OWNER OF BUSINESS: **EDWARDS THEATRE, INC.**

CAL. DR. LIC.#:

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: **CANYON COUNTRY STADIUM 10**

MAILING ADDRESS: **7132 REGAL LANE, KNOXVILLE, TN 37918**

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: **NEW LICENSE**

TREASURER & TAX COLLECTOR

LA COUNTY

☒ **APPROVAL**

☐ **DENIAL**

RECOMMENDATION: _____

SIGNATURE: _____

DATE: 12-18-13

BASIC LICENSE NO. **8373**

DATE **11/22/13**

IDENTIFICATION NUMBER **136250**

Nov-18-2008 03:01pm
Nov-28-2008 08:13am

From-LACOFD FIRE MARSHAL
From-LACOFD FIRE MARSHAL

3238904055
3238904055

T-161 P.031/031 F-267
T-012 P.006 F-080

**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

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**BUSINESS LICENSE
APPLICATION REFERRAL**

KIND OF BUSINESS: THEATER-GENERAL /SC

ADDRESS OF BUSINESS: 18800 SOLEDAD CYN RD, SANTA CLARITA, CA

TELEPHONE:

OWNER OF BUSINESS: EDWARDS THEATRE, INC.

CAL. DR. LIC.#: 094590051

Peter H. Peter H. Peter H. Peter H.

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: CANYON COUNTRY STADIUM 10

MAILING ADDRESS: 7132 REGAL LANE, KNOXVILLE, TN 37918

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

**FIRE DEPARTMENT
LA COUNTY**

☒ APPROVAL

☐ DENIAL

RECOMMENDATION: _____

SIGNATURE: _____

DATE: 10/28/09

BASIC LICENSE NO. 8373

DATE 06/19/09

IDENTIFICATION NUMBER 136250

**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

**BUSINESS LICENSE
APPLICATION REFERRAL**

KIND OF BUSINESS: **THEATER-GENERAL /SC**

ADDRESS OF BUSINESS: **18800 SOLEDAD CYN RD, SANTA CLARITA, CA 91355**

TELEPHONE:

OWNER OF BUSINESS: **EDWARDS THEATRE, INC.**

CAL. DR. LIC.# :

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: **CANYON COUNTRY STADIUM 10**

MAILING ADDRESS: **7132 REGAL LANE, KNOXVILLE, TN 37918**

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: **NEW LICENSE**

**BUILDING & SAFETY
SANTA CLARITA**

☒ **APPROVAL**

☐ **DENIAL**

RECOMMENDATION: _____

SIGNATURE: 

DATE: 8/3/10

BASIC LICENSE NO. **8373**

DATE **07/23/10**

IDENTIFICATION NUMBER **136250**

**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

**BUSINESS LICENSE
APPLICATION REFERRAL**

KIND OF BUSINESS: **GAME ARCADE /SC**

ADDRESS OF BUSINESS: **18800 SOLEDAD CYN RD, SANTA CLARITA, CA 91355**

TELEPHONE:

OWNER OF BUSINESS: **EDWARDS THEATRE, INC.**

CAL. DR. LIC.# :

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: **CANYON COUNTRY STADIUM 10**

MAILING ADDRESS: **7132 REGAL LANE, KNOXVILLE, TN 37918**

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: **NEW LICENSE**

**BUILDING & SAFETY
SANTA CLARITA**

☒ **APPROVAL**

☐ **DENIAL**

RECOMMENDATION: _____

SIGNATURE: 

DATE: 8/3/10

BASIC LICENSE NO. **8370**

DATE **07/23/10**

IDENTIFICATION NUMBER **136250**

**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

**BUSINESS LICENSE
APPLICATION REFERRAL**

KIND OF BUSINESS: GAME ARCADE /SC

ADDRESS OF BUSINESS: 18800 SOLEDAD CYN RD, SANTA CLARITA, CA

TELEPHONE:

OWNER OF BUSINESS: EDWARDS THEATRE, INC.

CAL. DR. LIC.#:

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: CANYON COUNTRY STADIUM 10

MAILING ADDRESS: 7132 REGAL LANE, KNOXVILLE, TN 37918

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

FIRE DEPARTMENT

LA COUNTY

☒ APPROVAL

☐ DENIAL

RECOMMENDATION: _____

SIGNATURE: _____

DATE: 11/28/09

BASIC LICENSE NO. 8370

DATE DENIED



COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970



BUSINESS LICENSE
APPLICATION REFERRAL

KIND OF BUSINESS: GAME ARCADE /SC

ADDRESS OF BUSINESS: 18800 SOLEDAD CYN RD, SANTA CLARITA, CA 91355

TELEPHONE:

OWNER OF BUSINESS: EDWARDS THEATRE, INC.

CAL. DR. LIC.# :

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: CANYON COUNTRY STADIUM 10

MAILING ADDRESS: 7132 REGAL LANE, KNOXVILLE, TN 37918

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

JASON KUNG

TREASURER & TAX COLLECTOR

LA COUNTY

☒ APPROVAL

☐ DENIAL

RECOMMENDATION: _____

SIGNATURE: _____

DATE: 12-18-13

BASIC LICENSE NO. 8370

DATE 11/22/13

IDENTIFICATION NUMBER 136250

**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

**BUSINESS LICENSE
APPLICATION REFERRAL**

KIND OF BUSINESS: **GAME ARCADE /SC**

ADDRESS OF BUSINESS: **18800 SOLEDAD CYN RD, SANTA CLARITA, CA**

TELEPHONE:

OWNER OF BUSINESS: **EDWARDS THEATRE, INC.**

CAL. DR. LIC.# :

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: **CANYON COUNTRY STADIUM 10**

MAILING ADDRESS: **7132 REGAL LANE, KNOXVILLE, TN 37918**

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: **NEW LICENSE**

REGIONAL PLANNING

SANTA CLARITA

☒ **APPROVAL**

☐ **DENIAL**

RECOMMENDATION: Approval of zoning referral for game arcade
(existing use, zoning CC(PD))

SIGNATURE: 

DATE: _____

BASIC LICENSE NO. **8370**

DATE **01/08/10**

IDENTIFICATION NUMBER **136250**

**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

**BUSINESS LICENSE
APPLICATION REFERRAL**

KIND OF BUSINESS: GAME ARCADE/SC

ADDRESS OF BUSINESS: 18800 SOLEDAD CYN RD, SANTA CLARITA, CA 91355

TELEPHONE:

OWNER OF BUSINESS: EDWARDS THEATRE, INC.

CAL. DR. LIC.#:

NAME OF PERSON FINGERPRINTED: JASON L. KUNG

FICTITIOUS NAME: CANYON COUNTRY STADIUM 10

MAILING ADDRESS: 7132 REGAL LANE, KNOXVILLE, TN 37918

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

**SHERIFF FINGERPRINT
LA COUNTY**

APPROVAL



DENIAL

RECOMMENDATION:

Approved

SIGNATURE:

WLB S36170

DATE:

12/31/13

BASIC LICENSE NO. 8370

DATE 12/18/13

IDENTIFICATION NUMBER 136250

Fixed TFC 12/31